Name in Full: Sarah J. Bradley

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Edgemere — County: Anne Arundel

Date of death 190 4: Month: Jan — Day: 12 — Age: Years: 71 — Months: 7 — Days: 13

Sex: Female — Color or Race: White — Birthplace: Md

Married, Single or Widowed: Married — Occupation:

Name of Wife or Husband: C. E. Bradley

Father's Name: Charles Gaither Gary — Father's Birthplace: Md

Mother's Maiden Name: Mary Larkinton — Mother's Birthplace: Md

Name of person giving information: A. W. Lemmon — How related to deceased: Sister

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: General debility — How long: Years

Immediate: Congestion of Lungs — How long: 95

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Jos. E. Graham

Address: Edgemere Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: John T. Conrsey

CERTIFICATE OF DEATH

MARYLAND

Died at: near Town: Ingleside — County: A. A.

Date of death: 1904 — Month: S. — Day: 3 — Age: Years 86 — Months — Days

Sex: Male — Color or Race: White — Birthplace: Md

Occupation: Retired Farmer — Where Residing if not at place of death: near Ingleside Md

Married, Single or Widowed — Name of Wife or Husband

Father's Name: Samuel Conrsey — Father's Birthplace: Md

Mother's Maiden Name — Mother's Birthplace

Name of person giving In formation: Samuel Conrsey — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Old age — How long: one week

Immediate: Indigestion — How long

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Dr. E. Graham

Address: Ingleside Md.

Accident or Suicide?

1904

LIBRARY BUREAU A88516

C H Pritchett

Grunsboro Md

Name in Full: Certified Copy
Joseph Doman

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Trumbleton — County: Queen Anne's

Date of death 1904: Month: 5 — Day: 25 — Age: Years: 64 — Months: — Days: —

Sex: Male — Color or Race: Black — Birthplace: Maryland

Married, Single or Widowed: Married — Occupation: Well-digger

Name of Wife or Husband: Mary Doman

Father's Name: Joseph Doman — Father's Birthplace: Unknown

Mother's Maiden Name: Mary Jane Nelson — Mother's Birthplace: Unknown

Name of person giving Information: Mary Doman — How related to deceased: Wife

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Typhoid Fever — How long: two weeks

Immediate: " " — How long: " "

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Peter Sudler M.D.

Address: Sudlersville Md.

Accident or Suicide?

LIBRARY BUREAU A88310

Name in Full: Robert Charles Carecksom

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Stevensville; County: Queen Annes

Date of death 1904: Month: May; Day: 28; Age: Years: 76; Months: 4; Days: 21

Sex: Male; Color or Race: White; Birthplace: Baltimore Md.

Married, ~~Single or Widowed~~: Married; Occupation: Retired Farmer

Name of Wife ~~or Husband~~: Susan C. Weeden

Father's Name: William Carecksom; Father's Birthplace: Kent Island

Mother's Maiden Name: Margaret Offley; Mother's Birthplace: Baltimore

Name of person giving In formation: Ryland Legg; How related to deceased: Step son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Softening of Brain; How long: 4 mo

Immediate: Paralysis; How long: 1 wk.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Percy Kemp.

Address: Stevensville Md.

~~Accident or Suicide?~~

LIBRARY BUREAU A88516

Name in Full: John Farrell

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Alms House; County: Queen Annes Co

Date of death: 1904 May 25th

Age: 75 — Months — Days —

Sex: Male

Color or Race: White

Birthplace: Q. A. County Md

Occupation: Laborer

Where Residing if not at place of death:

~~Married~~, Single or ~~Widowed~~

~~Name of Wife~~ or Husband:

Father's Name: Dont Know no family history

Father's Birthplace: Dont Know

Mother's Maiden Name: —

Mother's Birthplace: —

~~Name~~ of person giving Information:

How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Old age & Natural decay

How long:

Immediate: —

How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. H. Holton

Address: Centreville Q. A. Co

Accident or Suicide: —

LIBRARY BUREAU A8R516

Name in Full: Ogle T. Hampton

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Kent Island. County: Queen Anne.

Date of death 1904: Month: May. Day: 22. Age: Years: 37. Months: 4. Days: 16.

Sex: Male. Color or Race: White. Birthplace: Kent Island.

Married, ~~Single~~ or ~~Widowed~~: Occupation: Oysterman

Name of Wife or ~~Husband~~: Drucilla Thompson

Father's Name: John Hampton. Father's Birthplace: Kent Island.

Mother's Maiden Name: Anne Hofter. Mother's Birthplace: " "

Name of person giving information: Wm Thompson. How related to deceased: Widow's father.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia. How long: 4 days

Immediate: Meningitis & Exhaustion. How long: 30 hrs.

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Dr. Percy Kemp

Address: Stevensville Md.

Accident or Suicide?

LIBRARY BUREAU A66316

Name in Full: Benj F. Handy

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Delmanis Neck — County: Somerset

Date of death	Month	Day	Age Years	Months	Days
1904	J-	22	11	6	10

Sex: Male — Color or Race: Black — Birthplace: Delmanis Neck

Occupation: none — Where Residing if not at place of death: Same

Married, Single or Widowed: Single — Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Wm Handy — Father's Birthplace: Md

Mother's Maiden Name: Mary E. Glanes — Mother's Birthplace: Md

Name of person giving Imformation: Wm Handy — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tubercular Abscess — How long: 3 yrs

Immediate: Septicemia — How long: 1 week

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Jno. O. Lowe M.D.

Address: Crisfield

Accident or Suicide? No

Town Clerk

LIBRARY BUREAU A88518

Name in Full: Anna N. Hardy

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Stevensville; County: Queen Anne

Date of death 1904: Month: 5; Day: 19

Age: Years: 87; Months: 10; Days: 5

Sex: Female; Color or Race: White; Birthplace: Richmond, Va.

~~Married, Single or~~ Widowed; ~~Occupation~~

Name of ~~Wife or~~ Husband: Wm. T. Hardy

Father's Name: John G. Thompson; Father's Birthplace: Scotland

Mother's Maiden Name: Margaret Bell; Mother's Birthplace: Scotland

Name of person giving information: M. E. Legg; How related to deceased: Niece

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Cancer and Senility; How long: about 3 yrs

Immediate: Paralysis of Heart; How long: Immediate

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes.

Signature of Physician: Percy Kemp

Address: Stevensville Md.

~~Accident or Suicide?~~

LIBRARY BUREAU A83518

Name in Full: William H. McElwee

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town) Cattus — County: Queen Anne's

Date of death	Month	Day	Years	Months	Days
1904	May	8	Age 40	—	

Sex: Male — Color or Race: White — Birthplace: Kent Co Md

Occupation: Farmer. — Where Residing if not at place of death: —

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: Ed. McElwee. — Father's Birthplace:

Mother's Maiden Name: Catherine Freeman 93 — Mother's Birthplace: New Jersey

Name of person giving Information: Jos. Thompson. — How related to deceased: Friend

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia (Double) — How long: 2 Weeks

Immediate: Exhaustion — — How long:

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: Chas. A. Roberts M.D.

Address: Chestertown Md

Accident or Suicide?

LIBRARY BUREAU A6S5I5

Name in Full: Ann Mariah McNash

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Ruthsburg; County: Queen Anne Co.

Date of death 1904: Month: May; Day: 17

Age: Years: 81; Months: 5; Days: 14

Sex: Female

Color or Race: White

Birthplace: Caroline Co. Md.

Married, Single or Widowed: Widow

Occupation:

Name of Wife or Husband: James Henry McNash

Father's Name: Levin Stack

Father's Birthplace: Caroline Co. Md.

Mother's Maiden Name: Elizabeth Rumbold

Mother's Birthplace: Caroline Co. Md.

Name of person giving In formation: Annie E. Stack

How related to deceased: Niece

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: General Debility

How long: Two Months

Immediate: Exanstion

How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Walter H. Fenby

Address: Ruthsburg Md.

Accident or Suicide?

LIBRARY BUREAU A88519

Name in Full: Edward Lee Marshall

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Centreville; County: Q. A.

Date of death: Month: May; Day: 4; Year: 1904

Age: Years: 14; Months: 9; Days: 15

Sex: Male

Color or Race: White

Birthplace: Wye Neck Carmichael

Occupation: School Boy

Where Residing if not at place of death:

Married, Single or Widowed: Single

Name of Wife or Husband:

Father's Name: James E. Marshall

Father's Birthplace: Md

Mother's Maiden Name: Ella Weaver

Mother's Birthplace: Md

Name of person giving Imformation: Catherine V. Weaver

How related to deceased: Aunt

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis, Pulmonary

How long: 2 years

Immediate: Exhaustion

How long: 1

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Jno. Bordley M.D.

Address: Centreville Md.

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Isaac Nickerson

CERTIFICATE OF DEATH

MARYLAND

Died at (Town) Kent Island — County: Queen Annes

Date of death: Month: May — Day: 17 — 1904

Age: Years 28 — Months 11 — Days 14

Sex: Male

Color or Race: Colored

Birthplace: Kent Co.

Occupation: Farm hand

Where Residing if not at place of death: —

Married, Single or Widowed: Married

Name of Wife or Husband: Susie Nickerson

Father's Name: John Nickerson

Father's Birthplace: Kent Co.

Mother's Maiden Name: Susan Bordley

Mother's Birthplace: " "

Name of person giving Information: Solomon Heath

How related to deceased: " "

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Tuberculosis — How long: 2 years

Immediate: General Septicemia — How long: 1 week

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Dr Thos E. Hyde

Address: Stevensville

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Robert McFerly Price

CERTIFICATE OF DEATH

MARYLAND

Died at Centreville Md. County Queen Annes

Date of death 1904 April 1 Month Day

Years 62 Months 0 Days 10

Sex Male

Color or Race White

Birthplace Centreville Md

Married, Single or Widowed Married

Occupation Merchant

Name of Wife or Husband Matilda J. Price (nee Goodwin)

Father's Name Robert G Price

Father's Birthplace Maryland

Mother's Maiden Name Sarah E Price (nee McFerly)

Mother's Birthplace Balto Md

Name of person giving Information J. Frank Harper

How related to deceased Adopted Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Pneumonia. 93

How long Six days

Immediate Uræmia from Acute Kidney action

How long 72 hours

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician J. Jr Bordley M.D.

Address Centreville Md.

Accident or Suicide? I

LIBRARY BUREAU A88518

Name In Full Leroy Reed

Certificate of Death

Died at Town Bridgetown County D. F. MARYLAND

Date 19 Oct Month 5th Day 12 | Age Y. 10 M. D. | Native of Md | Occupation

Male White Married Widow Divorced

~~Female~~ ~~Colored~~ Single Widower Number of children living

Husband of

Wife

Father's Name Dr. J. M. Reed

Mother's Maiden Name Alberta Phillips

Cause of Death: Primary Inflammation bowels | How long sick Two weeks

Immediate | Accident, Suicide, Homicide

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Reported by Dr. Thornbrough

Address Bridgeville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79838

Index

Name in Full: James J. Riggin

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: New Church — County: Accomack

Date of death: Month: May — Day: 7 — 1904

Age: Years: 64 — Months: — — Days: —

Sex: Male — Color or Race: White — Birthplace: Md.

Occupation: Farmer — Where Residing if not at place of death: South East

Married, Single or Widowed: Widower — Name of Wife or Husband:

Father's Name: James Riggin — Father's Birthplace: Md

Mother's Maiden Name: Lelizabeth Mist — Mother's Birthplace:

Name of person giving information: Mrs. Henry Hall — How related to deceased: Daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Valvular disease of heart — How long: 2 or 3 years

Immediate: Heart failure — How long: short time

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: J. H. T. Gladden M.D.

Address: New Church Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Mary Fletcher Rochester

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: New Englandside — County: Queen Anne's

Date of death: Month: May — Day: 11 — 1904 — Age: Years: 64 — Months: 1 — Days: 11

Sex: Female — Color or Race: Colored — Birthplace: Caroline Co

Occupation: Housewife — Where Residing if not at place of death:

Married, ~~Single~~ or Widowed — Name of Wife or Husband: Abraham Rochester

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Levi Leighmon — Father's Birthplace: Caroline Co

Mother's Maiden Name: Rhoda Leighmon — Mother's Birthplace: Caroline Co

Name of person giving Imformation: N. John Rochester — How related to deceased: Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Chronic Interstitial Nephritis — How long: 3 yrs

Immediate: Asphyxia — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: N. S. Dudley MD

Address: Church Hill Maryland

Accident or Suicide?

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LIBRARY BUREAU A88818

Name in Full: Lillie Stephens

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Sandy — County: Anne Arundel

Date of death 1904 — Month: May — Day: 17

Age — Years: — Months: 3 — Days: 9

Sex: Female — Color or Race: Black — Birth-place: Md

Married, Single or Widowed: — Occupation: —

Name of Wife or Husband: —

Father's Name: John Stephens — Father's Birthplace: Md

Mother's Maiden Name: Mary Ewing — Mother's Birthplace: Md

Name of person giving In formation: Mary Stephens — How related to deceased: mother

CAUSES OF DEATH

Primary: — How long: all its life

Immediate: Want of Care — How long: —

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: E. E. Graham

Address: Englewood Md

Accident or Suicide?

I was not in attendance

E. E. Graham

TO BE ANSWERED BY NEAREST FRIEND

PHYSICIAN OR CORONER

LIBRARY BUREAU A98810

Name in Full — Certificate of Death

Charles McBrooks

Died at Town: Leonardtown County: St. Mary's Co. MARYLAND

Date 1902 Month: May Day: 25 Age Y. 18 M. — D. — Native of: St. Mary's Co. Md Occupation: Ironmonger

Male ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ Colored ~~Single~~ ~~Widower~~ ~~Number of children living~~

~~Husband~~ / Wife of

Father's Name: Unknown Mother's Name: Lulie Pearl

Cause of Death — Primary: Pulmonary Tuberculosis How long sick: 1 year

Immediate: Exhaustion

~~Accident, Suicide, Homicide~~

Reported by: H. H. Wedon

Address: Church Hill — Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Transferred

Name in Full: Mary V Sparks 1 Copy

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Barclay; County: Queen Annes

Date of death: Month: May; Day: 30; Year: 1904; Age: Years —; Months: 3; Days: 14

Sex: Female; Color or Race: Black; Birthplace: Md.

Occupation: —; Where Residing if not at place of death:

Married, Single or Widowed: —; Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Alex Sparks; Father's Birthplace: Md.

Mother's Maiden Name: Rachel Green; Mother's Birthplace: Md.

Name of person giving Imformation: Alex Sparks; How related to deceased: Father

CAUSES OF DEATH

Primary: Whooping Cough; How long: 30 + 4 weeks

Immediate: —; How long: —

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: James E Graham M.D.

Address: Sylside Md.

Accident or Suicide?

LIBRARY BUREAU A80818

Name in Full Catherine Stewart — Certificate of Death

Died at Town Country Lane County Queen Annes — MARYLAND

Date 19 24 — Month Nov Day 15th — Age Y. M. D. — Native of Queen Annes — Occupation ——

~~Male~~ Female — White ~~Colored~~ — ~~Married~~ Single — ~~Widow~~ Widower — ~~Divorced~~ ~~Number of children living~~

Husband of
Wife

Father's Name Howard Stewart — Mother's Maiden Name Elizabeth Jacobus

Cause of Death — Primary Premature birth — How long sick one day

Immediate Asphyxia — ~~Accident, Suicide, Homicide~~

Reported by H. S. Dudley MD

Address Church Hill

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Cuckoo Mrs

Name in Full: Emma E. Thomas

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Sudlersville; County: Queens

Date of death 1904: Month: 5; Day: 11

Age: Years: 20; Months: 8; Days: 26

Sex: Woman; Color or Race: Colard; Birthplace: Queens Co Md

Occupation: Cook

Married, Single or Widowed

Name of Wife or Husband

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Sam Thomas; Father's Birthplace: Queens Co

Mother's Maiden Name: Georgeanna Brown; Mother's Birthplace: Queens Co

Name of person giving information: Georgeanna Thomas; How related to deceased: wife

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Typhoid Fever; How long: Two mths

Immediate: " " Relapse; How long: one mth

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Foster Sudler

Address: Sudlersville Md

Accident or Suicide? No

LIBRARY BUREAU A88516

Name in Full: Sarah Rebeca Ather

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Hope — County: Queen Anne

Date of death 1904 — Month: May — Day: 8 — Age — Years: 25 — Months — Days

Sex: Female — Color or Race: White — Birthplace: Queen Anne Co. Md.

Married, Single or Widowed: Married — Occupation: House wife

Name of Wife or Husband: Jacob Ather

Father's Name: Joshua P. Chance — Father's Birthplace: Md.

Mother's Maiden Name: Maggie Heaver — Mother's Birthplace: Md.

Name of person giving information: Jacob Ather — How related to deceased: Husband

93

CAUSES OF DEATH

Primary: Acute Lober Pneumonia — How long: Two weeks & 3 days

Immediate: Exaustion — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Walter L. Fenby

Address: Ruthsburg, Md.

Accident or Suicide?

TO BE ANSWERED BY NEAREST FRIEND

PHYSICIAN OR CORONER

LIBRARY BUREAU A69518

CERTIFICATE OF DEATH

MARYLAND

Name in Full: Elizabeth H. Underwood

Died at: Town: Crumpton; County: Queen Anne

Date of death 1904: Month: May; Day: Ninth

Age: Years: 62; Months; Days

Sex: Female

Color or Race: White

Birthplace: Delaware

Married, Single or Widowed: Single

Occupation: None

Name of Wife or Husband: [illegible] Underwood

Father's Name: Ephraim Underwood

Father's Birthplace: Unknown

Mother's Maiden Name: Sara Underwood

Mother's Birthplace: Unknown

Name of person giving Information: Mary Flemmings

How related to deceased: niece

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Hemorrhage of brain with Paralysis

How long: two months

Immediate: Extension of Paralysis to Brain

How long: two weeks

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: F. N. Sheppard M. D.

Address: Crumpton Md.

Accident or Suicide?

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LIBRARY BUREAU 68818

Name in Full: Elizabeth Wilson

CERTIFICATE OF DEATH

MARYLAND

Died at (Town) Stars (County) Queen Annes

Date of death: Month 1904 Day 24

Age: Years 78 Months — Days —

Sex: Female

Color or Race: Black

Birthplace: Queen Annes Co

Occupation: Housewife

Where Residing if not at place of death: At Place of Death

Married, Single or Widowed: Married

Name of Husband: Perry Wilson

Father's Name: —

Father's Birthplace: —

Mother's Maiden Name: —

Mother's Birthplace: —

Name of person giving Information: Douglass Smith

How related to deceased: Son in Law

93

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia

How long: 10 Days

Immediate: Pneumonia

How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Jas Dorsey M.D.

Address: Centreville Queen Annes

Accident or Suicide? No

LIBRARY BUREAU A88316